

IN THE UNITED STATES PATENT OFFICE

Applicant: Austin H. Lesea

Assignee: Xilinx, Inc.

Title: "Integrated Testing of Serializer/Deserializer in  
FPGA"

Serial No.: 09/912,683 File Date: 07/24/01

Examiner: Unknown Art Unit: 2858

Docket No.: X-895 US

2858 #4 BT  
11-6-02  
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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

Pursuant to 37 C.F.R. 1.56, Applicant brings to the attention of the Examiner the four (4) prior art references listed in the attached Substitute for Form 1449A.

Pursuant to rule 37 CFR 1.97(e)(1), Applicant certifies that "each item of information contained in this Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this information disclosure statement."

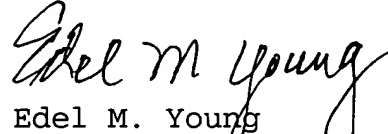
Citation of the above documents shall not be construed as an admission that the documents are necessarily prior art with respect to the instant invention. Citation of the above documents shall not be construed as a representation that a search has been made other than as described above. Also, the citation of the above documents shall not be construed as an admission that the information cited herein is, or is considered to be, material to patentability as defined in §1.56(b).

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Respectfully submitted,

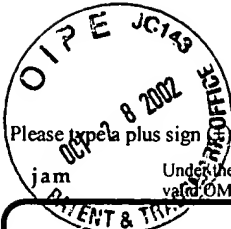
  
Edel M. Young  
Agent for Applicant  
Reg. No. 32,451  
408-879-4969

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Julie Matthews  
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Modified 9-98

PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)  <b>BOX:</b>  Express Mail Receipt No.	Application / Conf. No.	09/912,683 7141
	Filing Date	July 24, 2001
	First Named Inventor	Austin H. Lesea
	Examiner Name	Unknown
	Group Art Unit	2858
	Issue Fee Batch No.	
	Attorney Docket Number	X-895 US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
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<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
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Signature	<i>Edel M. Young</i>		
Date	October 21, 2002	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040	

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Typed or Printed Name	Julie Matthews		
Signature	<i>Julie Matthews</i>	Date	October 21, 2002

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